

Revised

REMARKS OF HONORABLE JOHN E. FOGARTY, U.S. REPRESENTATIVE SECOND
CONGRESSIONAL DISTRICT OF RHODE ISLAND AT ANNUAL CONFERENCE OF
STATE AND TERRITORIAL HEALTH OFFICERS, TWIN BRIDGE MARRIOTT,
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BLUEPRINT FOR ACTION

I deeply appreciate the opportunity given me by your Executive Committee and your President, Dr. Shanholtz, to meet with the Association of State and Territorial Health Officers. It has been my privilege to become acquainted with many of your members individually, but this is the first opportunity that I have had to meet with all of you. To be honored by being asked to address your conference was a privilege that I had not anticipated. I think that because of the similarity of our interests, however, that our getting together is long overdue.

I hope that you will not consider me presumptuous in my belief that I am a partner with you in the business of protecting and improving the health of the public. It is certainly not news that the members of the Congress are vitally interested in the health of the public, and it has been my privilege to serve on a Congressional appropriations subcommittee dealing with public health appropriations for a period longer than any other present member of the Congress. I count it a signal honor, together with my House colleagues and with our sister subcommittee of the Senate chaired by the distinguished

Senator from Alabama, the Honorable Lister Hill, to make the contributions within our power toward the betterment of the public's health.

Because of our mutual purposes, I would like to present for your consideration some thoughts which might be considered a blueprint for coming action. It is sometimes helpful when looking to the future to briefly review the past. I find this useful in clarifying my perspectives; and without spending a great deal of time in the citing of statistical data, I wish to present a quick summary of our primary concerns at the time I first was concerned with health appropriations.

This was in 1947, which gives me somewhat longer tenure than most of you have. In preparing for this presentation, I reviewed the hearings conducted by our subcommittee in 1947 under a very able Chairman, Congressman Frank Keefe, a Republican from the State of Wisconsin. I was reminded that our principal concern was with the emergence of streptomycin as a potential anti-tuberculosis drug. We were also concerned with the maintenance of rapid treatment centers for the control of venereal disease. This was also the year when the first funds were appropriated for the Hill-Burton program. It was interesting too to note that the total amount of money carried in the

bill which we reported to the House for activities of the Public Health Service was \$119,426,300. During those hearings, as now, there was considerable discussion relating to Federal grants to States for various health programs. I'd like to mention one section of colloquy which I thought might be interesting to you. The following question was asked:

"Do you ever have any difficulty with the States over the amount of current funds that are allotted?" The answer given was: "Yes; they sometimes want more."

During the ensuing years since 1947 it must be apparent to even the casual observer that you and we and the public have benefitted greatly from the concern that we had for the saving of lives and the prevention of illness, particularly from the communicable diseases which were the focus of our joint efforts. If this success has been attained in the area of the communicable diseases, why not a similar effort against our present-day major health problems? There are two or three to which I would like to draw your attention. The first of these is in the area of the chronic diseases.

On this point, I am proud of the record we've made in Congress this year. I think we managed to do a good many of the things you have been asking

us to do for a long time. Some delays on the health front may still be due to Federal foot-dragging; but by and large, I believe you'll agree that Congress did its part during this last session and that the next move is yours.

After years of talking about the plight of the chronically ill and aged, the foundations have at last been laid for aggressive, nationwide action. Secretary Ribicoff has described the new Community Health Services and Facilities Act as "one of the most important advances in the history of Federal health legislation". I don't entirely agree with him. I don't think it goes far enough. But it is a good start in the right direction.

And high time. When I talk to people who are actually faced with chronic illness problems in their own families, their hopelessness and frustration appalls me. They talk like this:

"We hate to put mother in a nursing home -- unless we paid a fortune, I'm sure she would be neglected."

And like this:

"I suppose we ought to have the doctor in to see Mary more often, but it costs \$15 a visit and what could he do? There isn't any cure."

And like this:

"I haven't been out of the house in months. It isn't easy to get someone to stay with an elderly invalid. People would rather do babysitting; it isn't so depressing."

Right now in this country we have some 17 million people, most of them elderly, who have an activity-limiting chronic condition. As a conservative estimate, I would say there are at least two other people concerned about each of those 17 million. Altogether then, you have over 50 million people (almost half of our entire adult population) who have a direct, personal stake in getting more services for the chronically ill and aged.

You know and I know that more visiting nurses and practical nurses could brighten life for millions of patients and their families. It wouldn't be so hard to take care of an invalid at home if a nurse called regularly to help with diet and exercise and all the other troubling problems that you can't take up with a busy doctor.

I know how helpful it would be if every community had the kind of referral centers we have in Providence and some other places in my State of Rhode Island. Doctors refer patients and their families to these centers. Staffs are prepared to discuss the pros and cons of keeping the patient at

home or entering him in a nursing home; to help those who want a nursing home to find one they will like and can afford; and to help those who stay at home line up whatever home care services they need.

These are just a few of the services we know our communities need.

And we also know that, with all that can now be accomplished through restorative, dietary, nursing and other services, half to three-quarters of these chronically ill patients could be far less handicapped than they are.

But it's hard to get a community to start such services or even to expand those they do have. It takes organization. It takes money. It takes drive. Those burdened families haven't time to demand better services. And because they don't demand, the health and medical professions are not taking the initiative which they should and must take.

So what is happening? Where do these desperate people turn? I'll tell you one place they turn. They turn to the quacks. Do you realize that the American public supports 50,000 people who go from door to door selling quack remedies? And do you realize that this same American public supports only 16,000 nurses who go from home to home bringing genuine help?

Those 50,000 door-to-door salesmen, plus others who make and sell quack remedies by mail and over the counter, bilk the American public of a billion dollars a year.

That's three times as much as we spend for all the State and local health departments in the nation. It's a quarter of a billion dollars more than we give to all our voluntary agencies for health programs. It is about a fifth as much as the fees our doctors get from all their private patients. At the rate of a billion dollars a year, we could wipe out in five short years the whole backlog of 500,000 nursing home beds and long-term illness beds that this nation needs.

But why dream? The American public is going to spend another billion on medical quackeries this year and will keep on doing so until they discover that there are some better answers.

The Community Health Services and Facilities Act gives you a chance to help the public make that discovery. Though I would like to have had a far more generous authorization, I believe the potential given to you through this legislation is limited only by your imagination, ingenuity, and drive. I challenge you to make the most effective possible use of the additional \$6 million available to you during the remainder of this fiscal year -- to make a broad, effective beginning in the development of out-of-hospital services. Far too many hospital beds are being occupied by patients who neither need nor are receiving the proper services. Our hospitals are well

equipped to provide care to the acutely ill. We need all we have and more for this purpose. This, however, is not the proper nor most economic solution for those persons who are suffering from chronic, disabling diseases. I am as appalled as I know you must be at the list of the diseases which contribute to this human suffering and waste -- mental illness, heart disease, arthritis, rheumatism, diabetes, epilepsy, cancer, cerebral palsy, muscular dystrophy, multiple sclerosis, blindness. Outpatient services, public health and practical nursing services in the homes, homemaker services, the knowledge and talents of the therapists (physical and occupational), the dietitian -- all of these must be provided if we are to curtail effectively this gigantic economic waste and prevent the human suffering and death which are the inevitable results if we continue our present course of apathy.

Other features of the Community Health Services Act are equally exciting and challenging. We need to find new and better ways of caring for the chronically ill, and to this end the special project grants can be of great value. The additional funds for the construction of nonprofit nursing homes -- inadequate though it is -- will make it possible to build almost twice as many as we were able to build only last year. And the increase in

funds for research and demonstration in the construction of hospitals is long overdue and will provide a means of taking a fresh new look at newer, more modern methods of building the facility which can provide the best care with the most effective use of personnel.

Those medical quacks started on a shoestring and built up a billion dollar a year business selling pie in the sky. You are starting with a multimillion dollar bank account and selling the most exciting products in the world -- the services and facilities that will help people to enjoy an active and healthy old age. In the competition for the chronic illness dollar, it looks like all the odds are in your favor.

This is your year of challenge. You know what is needed. You have the funds to start. And you can be sure that if you can make those 50 million desperate and frustrated people want and demand the services that will make their lives worth living again, Congress will not turn deaf ears. Neither will your State legislatures. Neither will local governments.

Moreover, as proved by that billion dollars spent for medical quackeries, the people will pay out of their own pockets, although frequently the money spent in this way meant denial of something the individual or family really needed. It seems reasonable to assume, however, that many persons are willing

and able to pay for at least a part of the medical services they require, and home care programs should not be limited to the indigent. Wherever possible, they should be made available to everyone on the basis of need, with ability to pay a secondary consideration.

Turning now to another subject -- I have been much concerned for the past several years over the lack of effective measures to eliminate our present environmental health hazards and to prevent this situation from becoming worse. These problems are extremely difficult, and the ramifications are many. The problems are both diverse and interrelated. I would like to deal with just two of them -- those of air and water pollution.

We need more answers than we now have; and our efforts, particularly in the preventing of pollution of the air, are so grossly inadequate that they defy comparison. Our research activities, both on ways to prevent pollution and in the search for knowledge as to precisely what ill effects may be occurring, need to be greatly multiplied. We have appropriated funds for a two-year study on the effects of unburned hydrocarbons in auto exhaust fumes. We have also appropriated funds for the past few years for research and demonstration on air pollution problems; but both the Congress and the

Public Health Service and State health agencies had better get excited and begin work on this problem in a degree commensurate with its seriousness.

Air pollution is a very immediate and compelling health problem to anyone who lives in a metropolitan area, but it is not getting the attention needed from the Congress nor from you. I was surprised to learn from my friends in the Public Health Service that, for several days last month, the air over Washington had higher levels of some smog ingredients than is found in Los Angeles during a smog episode. If Washington, which has almost no industries to pollute its air, is getting smog of this magnitude, is it surprising that people in industrial cities are clamoring for better air pollution control? What more logical place to look for leadership than their health departments?

Air pollution is only one part of the much bigger problem of making our cities fit to live in. You can't cram hundreds of thousands of people into a few square miles and expect them to be healthy if you leave their facilities to chance.

I boasted a little earlier about how well this Administration had responded to some of your long-standing appeals for Federal action. When it comes to environmental health matters, however, that boast has to be

qualified. This Administration has been putting brakes on some of the things you know and I know the Federal Government should be doing.

But when I pry into these matters, all I get is "wait", "wait". "The Administration is looking into this whole problem." "There will be a report out soon." I asked the previous Administration for such a report over two years ago. And I got one. But for some reason this Administration seemed to think they needed another one. I understand this new report will be out in about a month. Being an optimist, I am hopeful that the report will not only be out, but that it will contain a good solid timetable for specific action.

Fortunately, we have made some progress on the waterfront. In its last two sessions, Congress voted in favor of more Federal action on water pollution. This year we got it. With the added funds for construction of sewage plants, it should be possible to boost this type of municipal spending to the \$600 million a year level. This is the level we need if we are to do the pollution abatement job in this decade. The authorization to increase the size of individual grants -- it used to be \$250,000, now its \$600,000 -- makes it practical for big cities to tap this Federal aid. Moreover, it allows local governments to pool their grants for a facility that will serve them all.

This gives you a tremendous opportunity both to encourage metropolitan planning and to make a significant impact on the major sources of water pollution.

The added funds for State water pollution control programs, the stronger enforcement powers, the provisions for intensified research -- these are just a few other features of the new law that are going to help you get into high gear on water pollution control. These measures were long overdue, but now that we have them let's use them to the utmost.

The trouble with talking to you State health officials is that it's hard to stop. There are so many things I feel we could all do more about if we Congressmen could give you our views and you State health people could give us your views. I've touched on about half the things I think you ought to be doing. Given a chance, I know every one of you could talk even more about the things you think we ought to be doing in Congress. I don't know why your program committee did not give you that chance. I wish they had. But maybe they were thinking about what the late Alan Gregg used to say: "The mind cannot absorb what the seat cannot endure." And it is time I thought about that, too.

So, again, thank you for giving me this chance to talk with you.

Remember that I am always glad to hear from you -- by letter, by phone, by personal visit -- even by way of all those resolutions and recommendations you are going to be making this week.

"We need to create in this country a sanitary environment for everyone."

"We should have available for everyone adequate hospitals and related health facilities." "One of the greatest barriers to further health advancement in this country is the lack of sufficient personnel, adequately trained to carry out these new action programs."

These three statements are a direct quotation of then Surgeon General Thomas Parran given to the House Appropriations Subcommittee on February 7, 1947. I believe them to be as valid today as they were then. In fact, the allusion to the need for a clean environment was almost prophetic.

We all want the same thing -- the healthiest America modern science can produce. Working together, we'll get it.